								A	Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000								P-1029														
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE		NTITY	00		RTHAN										
TOTAL CLAIMS			1<				RA		FEE	OR <b>7</b>	RATE	FEE										
FOR		NUMBER FILED		NUMBER EXTRA		BASIC		<del>}</del>	OR	BASIC FEE	<del></del>											
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		. 1		X\$	a_		1	V@4.0											
INDEPENDENT CLAIMS			2 minus 3 =		. 6				<u> </u>	OR												
Μl	JLTIPLE DEPEN	NDENT CLAIM P			7		X40	J= 		OR	X80=	ļ										
* 14	the difference					#0":		5=		OR	+270=											
* If the difference in column 1 is less than zero, enter "0" in column 2							тот	AL		OR	TOTAL	710										
CLAIMS AS AMENDED - PART II							CMA	.1.1.4	ENTITY	OD	OTHER SMALL											
		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	SIVIA	LL	ADDI-	OR 1	SWALL	ADDI-										
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE										
	Total	• 1/6	Minus	** (>	<u> </u>	=	X\$ 9	)=		OR	X\$18=											
	Independent	NTATION OF M	Minus	****	3_	=	X40	=		OR	X80=											
	FIRST PRESE	NTATION OF MI	JUIPLE DE	PENDENT	CLAIM		+135	;_		1 1	+270=											
								TAL		OR	TOTAL											
	(Column 1) (Column 2) (Column 3)							EE		OR ,	ADDIT. FEE	<u> </u>										
AMENDMENT B		CLAIMS REMAINING		HIGH	EST			Т	ADDI-	i 1		ADDI-										
		AFTER AMENDMENT		PREVICE PAID	USLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE										
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=											
	Independent	NTATION OF M	Minus	***	01.111.1		X40:	=		OR	X80=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		Ì	+270=											
Ľ								- ΓAL		OR	TOTAL											
		(Column 1)		(0 - 1	0\	(0.1	ADDIT, F	EE		or ,	ADDIT. FEE											
,		(Column 1) (Column 1) CLAIMS HIGHE		EST	(Column 3)			1001														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=											
AME	Independent	*	Minus	***		=	X40=	_		ŀ	X80=											
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		1	+		OR	700-											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=											
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " ADDIT FOR DRIVE											TOTAL ADDIT. FEE											
7	The "Highest Num	ber Previously Paid	J For" (Total or	Independe	nt) is the	highest number i	ound in the	anni	onriate hov	ın coli	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											